Exhibit 1

PLAINTIFF FACT SHEET

PLAINTIFF'S NAME: _____

Please answer every question to the best of your knowledge. In completing this Plaintiff Fact Sheet, you are under oath and must provide information that is true and accurate. If you cannot recall all of the details requested, please provide as much information as you can. For each question where the space provided does not allow for a complete answer, attach as many additional sheets of paper as necessary to fully answer the question.

I. CASE INFORMATION

A. Case caption and number: _____

B. Court in which action is pending: _____

C. Plaintiff's primary attorney and/or law firm: _____

D. Plaintiff's attorney's contact email: _____

E. If you are completing this form in a representative capacity (*e.g.*, on behalf of the estate of a person or a minor), please complete the following:

1. Your name: _____
2. Name of individual or estate you are representing: _____
3. Your Social Security Number: _____
4. Maiden/other names by which you have been known: _____
5. Your Address: _____
6. What is your relationship to the person claiming to be injured? _____

NOTE: In each of the following sections, please provide information regarding the user of the medication(s) plaintiff alleges caused injury. ***Any references to "you" or "your" refer to that person.***

II. CLAIM INFORMATION

A. **Product User Information**:

1. Name: _____
2. Social Security Number: _____
3. Maiden/other names by which you have been known: _____
4. Current address (or last address, if the person you allege was injured is deceased): _____
   _____
5. Date of birth: _____

B. **Drug Usage** – Please provide the following information for the medication(s) you claim caused your injury or injuries

	Medication: _____	**Medication:** _____	**Medication:** _____
Dates of Use – Start date and date of last use for each period of use			
Dose(s) – If you took different doses, indicate the date(s) of use for each, otherwise simply indicate what dose you took			
Course of Administration – e.g., once daily, twice daily, once weekly, etc.			
Prescriber(s) – Name, address, and phone number of healthcare provider(s) who prescribed the medication or provided you samples			
Samples – Indicate if you were ever provided samples of the medication and, if so, the name of the provider and the approximate quantity of samples provided			
Weight – What was your weight at the time you started this medication?			

C. **Injury Information** – Provide the following information related to each physical injury you claim:

Injury – State each physical injury you allege	**Injury:** _____	**Injury:** _____	**Injury:** _____
Medication(s) – State the medication(s) you claim caused each injury			
Treating Physician(s) – Name and address of physician(s) responsible for treating each injury			
Date(s) of Diagnosis – Date when you were first diagnosed with each injury			
Diagnosing Physician(s) – Name and address of physician(s) who diagnosed each injury			
Dates of Treatment – List the approximate date range during which you received treatment for each injury			

1. Have you ever been hospitalized for any injury or injuries alleged above? Yes☐ No☐
If yes, please provide the following information:

Name & Address of Hospital	Nature of Treatment	Dates of Admission/Discharge

D. **Pharmacies** – Please provide the name(s), address(es), and phone number(s) of any pharmacy (or pharmacies) that has dispensed any medication(s) to you in the past ten (10) years (if deceased, the last ten (10) years of life):

Name & Address of Pharmacy
1.
2.
3.

III. CERTIFICATION

I DECLARE UNDER PENALTY OF PERJURY, SUBJECT TO THE LAWS OF THE STATE OF CALIFORNIA, THAT ALL OF THE INFORMATION PROVIDED IN THIS PLAINTIFF'S FACT SHEET IS COMPLETE, TRUE, AND CORRECT, TO THE BEST OF MY KNOWLEDGE.

Signature	Print Name	Date

IV. DOCUMENTS

PLEASE PRODUCE THE FOLLOWING DOCUMENTS, TO THE EXTENT THAT SUCH DOCUMENTS ARE CURRENTLY IN YOUR POSSESSION OR IN THE POSSESSION OF YOUR ATTORNEYS.

A. If the plaintiff is representing a decedent's estate, the death certificate of the decedent.

B. If the plaintiff is representing a decedent's estate, documents sufficient to evidence your authority to act on behalf of the estate, including, letters of administration or court order appointing you to administer the estate.

C. If the plaintiff is acting in a representative capacity for a person who is not deceased, all documents establishing authority to act in such representative capacity.

D. All diagnostic imaging referring to or relating to the injury or injuries alleged.

E. Each informed consent form signed by you in connection with treatment by a health care professional and/or institution relating to any medication you allege to have caused any injury.

F. All documents, including but not limited to literature and/or warnings, received by you from any source relating to any medication you allege to have caused any injury.

G. All documents referring or relating to your medical history, including but not limited to medical records.

H. Report of autopsy of decedent (if applicable).

I. All documents referring or relating to your use of the medication(s) you allege to have caused any injury, including but not limited to pharmacy records or receipts.

V. AUTHORIZATIONS

Please provide the attached Authorizations for release of records as specified in the Order of the Court adopting this Plaintiff Fact Sheet. Authorizations shall be completed and signed without setting forth the identity of the custodian of the records or provider of care. If you are signing in a representative capacity or on behalf of a decedent, please provide documents evidencing your authority to sign these authorizations, if any. If you are signing on behalf of a decedent, please also provide a copy of the death certificate.